

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 11/20/01.
 - b. The request was received on 05/28/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60
 - b. HCFA-1500
 - c. Retrospective Review
 - d. Medical Records
 - e. Additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/02/02. The response from the insurance carrier was received in the Division on 08/13/02. Based on 133.307 (i) the insurance carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor: No letter requesting medical dispute
2. Respondent: Letter dated 08/13/02
"This dispute involves the carrier's denial of payment for services not rendered (99245) for date of service 11/20/01_....Code State Reimbursement code explanation COD1 F - T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED. 99245:

The requester billed for the highest level consultation, CPT code 99245, but did not document the necessary components to bill the highest level consultation...”

IV. FINDINGS

1. Based on Commission Rule 133.305 (d) (1) (2), the only date of service eligible for review is 11/20/01.
2. Per the provider’s TWCC-60, the amount billed is \$350.00; the amount paid is \$0.00; the amount in dispute is \$201.00.
3. The carrier denied the billed services by a retrospective review dated 04/03/02. The review states, “...a retrospective review of the original audit...has been completed....no additional reimbursement is recommended....Reimbursement is denied for the service billed as the documentation submitted does not support the specific level of service billed as it is defined in the 1996 TWCC Medical Fee Guidelines. Rule 133.301 prohibits carriers from reimbursing a service at another billing code’s value therefore no reimbursement can be recommended for the service billed in comparison with the documentation.” No EOB is contained in the medical dispute packet.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/20/01	99245	\$350.00	\$0.00	Level of Service is Not Documented	\$201.00	MFG E/M GR (IV) (A), (IX) (D) (1); CPT descriptor; Rule 133.304 (c)	The carrier submitted a detailed explanation of the denial exception in it’s response to the medical dispute request, but the retrospective review was general and did not give specific information to instruct the provider as to what exactly the carrier meant by “documentation did not support the specific level of service”. In accordance with Rule 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission’s instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. Reimbursement in the amount of \$201.00 is recommended.
Totals		\$350.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$201.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$201.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm